

SURPLUS LINE BROKER AND SPECIAL LINES SURPLUS LINE BROKER**ANNUAL STATEMENT AND TAX RETURN**

CDI FS-006 (REV 12/2001)

FOR CALENDAR YEAR 2001**TAX DUE DATE March 1st**

Broker's Name		Surplus Line License Number	
D.B.A. (Doing Business As)		Federal Tax I.D. No.	
Mailing Address		EFT Taxpayer I.D. No.	
City, State, Zip		Method of Tax Payment	
Telephone Number		<input type="checkbox"/> No Payment <input type="checkbox"/> Check <input type="checkbox"/> EFT	
If New Broker, check here <input type="checkbox"/>		If Name Change, check here <input type="checkbox"/>	
		If Final Return, check here <input type="checkbox"/>	

STATEMENT OF CALIFORNIA TAXABLE NONADMITTED PREMIUMS

On policies/certificates and endorsements transacted by the broker filing this return.
from JANUARY 1, 2001 TO DECEMBER 31, 2001

		CDI use only
Annual Tax	1. Gross Premiums transacted during 2001	1. \$
	2. DEDUCT: Returned Premiums during 2001	2. \$
	3. Net Taxable Premiums (Line 1 less Line 2)	3. \$
	4. Tax Rate	4. 3%
	5. 2001 Annual Tax	5. \$
Credits & Payments	6. Deduct Monthly Tax Payments made during 2001:	
	A. Credit Applied from 2000 Annual Tax Overpayment	
	B. Jan (due 4/1)	H. Jul (due 10/1)
	C. Feb (due 5/1)	I. Aug (due 11/1)
	D. Mar (due 6/1)	J. Sept (due 12/1)
	E. Apr (due 7/1)	K. Oct (due 1/1)
	F. May (due 8/1)	L. Nov (due 2/1)
	G. Jun (due 9/1)	* M. Dec (due 3/1) XXXXXXXXXX
	* Refer to the instructions, Line 6	
	7. Total Monthly Tax Payments (Sum of Line 6A through 6L)	7. \$
Annual Tax Due	8. If Line 5 is more than Line 7, subtract Line 7 from Line 5.	8. \$
	This is the amount of ANNUAL TAX OWED. NET ANNUAL TAX DUE MARCH 1st	
Credit / Refund	9. If Line 7 is more than Line 5, subtract Line 5 from Line 7.	9. \$
	This is the amount of ANNUAL TAX OVERPAID OVERPAYMENT: <input type="checkbox"/> To Be Refunded <input type="checkbox"/> To Be Credited	

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[illegible]

Total **Gross** Premiums

Complete and return all pages

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	California
10A. Number of Lloyd's Syndicate	Gross Taxable Premium

[illegible]

If necessary, copy this page and attach to the tax return.

Total **Gross** Premiums

NOTE: The total of lines 10 and 10a should reconcile with line 1.

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11. Name of Purchasing Groups Surplus Line Business	California Gross Taxable Premium

[illegible]

If necessary, copy this page and attach to the tax return.

Total **Gross** Premiums

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12. Statement of California Surplus Line Trusted Assets and Liabilities as of December 31, 2001

Note: This is the accumulation totals before closing the account.

If reporting on a fiscal year basis state the year end date: _____

A. Total Trust Assets _____

B. Total Trust Liabilities _____

C. Difference _____

13. STATEMENT OF NONTAXABLE BUSINESS WRITTEN
(Pursuant to California Insurance Code Section 1760.5)

Mexican Tourist Trip Coverage _____

Business conducted under the Special Surplus Line Broker License:

A. Ocean Marine _____

B. Aircraft Insurance - Hull Only _____
(Aircraft Liability is taxable)

C. Railroads engaged in Interstate Commerce _____

14. BUSINESS ADDRESS IF DIFFERENT FROM MAILING ADDRESS:_____
Street and Suite Number_____
City State Zip CodeContact Person for this Return: _____
Print or Type Name and Title_____
Phone Number

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SURPLUS LINE BROKER'S CERTIFICATION

I, _____
Print or Type Name Print or Type Title

hereby declare under penalty of perjury pursuant to the laws of the State of California that this annual statement and tax return, including any accompanying schedules or statements has been examined by me and is true, correct, and complete.

City and State

Signature Date Signed